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FORM B1 United States Bankruptcy Court Northern District of Illinois		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Sanders, Justin	Name of Joint Debtor (Spouse) (Last	t, First, Middle):	
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by the Joint E (include married, maiden, and trade		
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-9457	Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):		
Street Address of Debtor (No. & Street, City, State & Zip Code): 16 E. 99th Chicago, IL 60626	Street Address of Joint Debtor (No. &	Street, City, State & Zip Code):	
County of Residence or of the Principal Place of Business: Cook	County of Residence or of the Principal Place of Business:		
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if	different from street address):	
Location of Principal Assets of Business Debtor (if different from street address above):			
Information Regarding the Debtor (Check the Applicable Boxes) Venue (Check any applicable box) ■ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. □ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
Type of Debtor (Check all boxes that apply) ■ Individual(s) □ Railroad □ Corporation □ Stockbroker □ Partnership □ Commodity Broker □ Other □ □ Clearing Bank		d (Check one box) upter 11 Chapter 13 upter 12	
Nature of Debts (Check one box) Consumer/Non-Business ☐ Business Chapter 11 Small Business (Check all boxes that apply) Debtor is a small business as defined in 11 U.S.C. § 101 Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)	Filing Fee (Check one box) Full Filing Fee attached Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.		
Statistical/Administrative Information (Estimates only) ■ Debtor estimates that funds will be available for distribution to un □ Debtor estimates that, after any exempt property is excluded and will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors 1-15 16-49 50-99 100-19			
Estimated Assets \$0 to \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000 \$500,000 \$1 million \$10 million \$50 n	00,001 to \$50,000,001 to More than nillion \$100 million \$100 million		
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Voluntary Petition Document	N: Age 200 f(3:	FORM B1, Page 2		
(This page must be completed and filed in every case)	Sanders, Justin			
Prior Bankruptcy Case Filed Within Last 6	t 6 Years (If more than one, attach additional sheet)			
Location	Case Number:	Date Filed:		
Where Filed: - None -				
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)				
Name of Debtor:	Case Number:	Date Filed:		
- None -				
District:	Relationship:	Judge:		
Signa	Signatures			
Signature(s) of Debtor(s) (Individual/Joint)	Exhibit A			
I declare under penalty of perjury that the information provided in this petition is true and correct.	(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to			
[If petitioner is an individual whose debts are primarily consumer debts	Section 13 or 15(d) of the Securities Exchange Act of 1934 and is			
and has chosen to file under chapter 7] I am aware that I may proceed	requesting relief under chapter 11)			
under chapter 7, 11, 12, or 13 of title 11, United States Code, understand	☐ Exhibit A is attached and made a part of this petition.			
the relief available under each such chapter, and choose to proceed under chapter 7.	Exhibit B			
I request relief in accordance with the chapter of title 11, United States	(To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under			
Code, specified in this petition.				
W /a/ hyatin Candara				
X /s/ Justin Sanders	chapter 7, 11, 12, or 13 of title 11, United States Code, and have			
Signature of Debtor Justin Sanders	explained the relief available under each such chapter.			
X	X /s/ Robert J. Semrad, Jr.	October 15, 2005		
Signature of Joint Debtor	Signature of Attorney for Debtor(s) Date			
	Robert J. Semrad, Jr.	L:1:4 C		
Telephone Number (If not represented by attorney)	Exhibit C Does the debtor own or have possession of any property that poses			
October 15, 2005	a threat of imminent and identifiable harm to public health or			
Date	safety?			
Signature of Attorney	Yes, and Exhibit C is attached and made a part of this petition.			
X /s/ Robert J. Semrad, Jr.	■ No			
Signature of Attorney for Debtor(s)	Signature of Non-Attorney Petition Preparer			
Robert J. Semrad, Jr. 6226455	I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C.			
Printed Name of Attorney for Debtor(s)	§ 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.			
Robert J. Semrad and Assoicates	provided the debtor with a copy of this document.			
Firm Name	Printed Name of Bankruptcy Petition Preparer			
407 South Dearborn	1 Inned Fame of Bankruptey I endon Freparet			
Suite 400	Social Security Number (Required by 11 U.S.C.§ 110(c).)			
Chicago, IL 60605 Address	Social Security Number (Require	led by 11 0.3.C.g 110(c).)		
Address Email: msemrad@robertjsemrad.com 312-913-0625 Fax: 312-913-0631				
Telephone Number	Address			
October 15, 2005	Address			
Date		bers of all other individuals who		
	prepared or assisted in preparing	g this document:		
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this				
petition is true and correct, and that I have been authorized to file this				
petition on behalf of the debtor.	16 4	141.1		
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.		ed this document, attach additional oriate official form for each person.		
		-		
X	X Signature of Bankruptcy Petitio	п Виомолол		
Signature of Authorized Individual	Signature of Bankruptcy Petitio	n Freparer		
	Data			
Printed Name of Authorized Individual	Date			
	A bankruptcy petition preparer's	s failure to comply with the		
Title of Authorized Individual	provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11			
	U.S.C. § 110; 18 U.S.C. § 156.	imprisonment or both. 11		
Date	2.2.2. § 120, 10 0.8.0. § 130.			

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Little Company Of Mary Hospital 2800 West 95th Street Oak Lawn, IL 60419